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Policy Number: C18446-A

Reyvow (lasmiditan)

PRODUCTS AFFECTED

Reyvow (lasmiditan)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Migraine

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. ACUTE TREATMENT OF MIGRAINE:
1. Documentation member has a diagnosis of migraine, with or without aura
   AND
2. Prescriber attests that medication overuse as a possible cause of migraine has been ruled out
   AND

3. Prescriber attests that member's migraine severity is classified as moderate to severe
   AND
4. (a) Documentation of trial (30 days) and inadequate response or serious side effects to TWO formulary triptan agents up to maximally tolerated doses
   OR
   (b) Individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans: Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal's angina); OR history of stroke or transient ischemic attack (TIA); OR Peripheral vascular disease; OR Ischemic bowel disease; OR Uncontrolled hypertension.
   AND
5. Prescriber attests that member has been counseled to not drive for 8 hours following administration of Reyvow (lasmiditan)

CONTINUATION OF THERAPY:

A. ACUTE TREATMENT OF MIGRAINE:

1. Documentation that member has experienced clinical improvement as defined by ONE of the following: Ability to function normally within 2 hours of dose OR Headache pain disappears within 2 hours of dose OR Therapy works consistently in majority of migraine attacks
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 3 months, Continuation of therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a neurologist, pain specialist, or physician certified in headache medicine [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

4 tablets of 50mg, 100mg, or 200mg per 30 days

NOTE: No more than one dose should be taken in 24 hours, a second dose of Reyvow has not been shown to be effective for the same migraine attack. The safety of treating an average of more than 4 migraine attacks in a 30-day period has not been established.

*****For approval of up to a maximum of 8 tablets per 30 days of any one strength, the member must meet the following criteria:**

1. Member has had a previous trial (minimum of 60 days) and an inadequate response (i.e., no change in headache days, no change in severity or duration of migraines) to one of the following formulary daily preventive therapies (AAN/AHA 2012/2015, ICSI 2013): (i) A tricyclic antidepressant [such as but not limited to amitriptyline, doxepin]; OR (ii) A beta blocker [such as but not limited to metoprolol tartrate, propranolol, timolol, atenolol, nadolol, nebivolol]; OR (ii) A calcium channel blocker [such as but not limited to nicardipine, verapamil]; OR (iv) an ACE inhibitor [such as but not limited to lisinopril]; OR (v) an angiotensin receptor blocker (ARBs) [such as but not limited to candesartan]; OR (vi) an alpha-2 agonist [such as but not limited to guanfacine]; OR (vii) an antiepileptic [such as but not limited to divalproex sodium, sodium valproate, topiramate, carbamazepine, gabapentin]; OR (viii) Other select antidepressants [such as but not limited to venlafaxine]; OR (ix) Cyproheptadine (Periactin).
   AND

2. Documentation is provided to show adherence to prophylactic therapies tried

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Selective Serotonin Agonists 5-HT(1F)

FDA-APPROVED USES:
Indicated for the acute treatment of migraine with or without aura in adults.
Limitations of use: Not indicated for the preventive treatment of migraine.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

Appendix 1: International Headache Society Criteria for Migraine Diagnosis (ICHD-3)

Migraine without aura	Migraine with aura
A. At least five attacks fulfilling criteria B–D B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated) C. Headache has at least two of the following four characteristics: 1. unilateral location 2. pulsating quality 3. moderate or severe pain intensity 4. aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs) D. During headache at least one of the following: 1. nausea and/or vomiting 2. photophobia and phonophobia E. Not better accounted for by another ICHD-3 diagnosis.	A. At least two attacks fulfilling criteria B and C B. One or more of the following fully reversible aura symptoms: 1. visual 2. sensory 3. speech and/or language 4. motor 5. brainstem 6. retinal C. At least three of the following six characteristics: 1. at least one aura symptom spreads gradually over ≥5 minutes 2. two or more aura symptoms occur in succession 3. each individual aura symptom lasts 5-60 minutes 4. at least one aura symptom is unilateral 5. at least one aura symptom is positive 6. the aura is accompanied, or followed within 60 minutes, by headache D. Not better accounted for by another ICHD-3 diagnosis

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Reyvow is the first approved drug in a new class of medications known as 5-HT1F receptor agonists. Unlike the 5- HT1B/1D triptans, Reyvow binds to 5-HT1F receptors that are not found in the smooth muscle cells of the vasculature. Reyvow was proven to affect both freedom from pain and most bothersome symptom (MBS) at 2 hours in patients with migraine symptoms. Reyvow is indicated for the acute treatment of migraine with or without aura in adults.

The New Drug Application (NDA) for Reyvow included data from two Phase 3 single-attack studies (SAMURAI and SPARTAN), which evaluated the safety and efficacy of Reyvow for the acute treatment of migraine in adults. Both studies met the efficacy endpoints of pain freedom and freedom from most bothersome symptom (MBS; patient selected from nausea, sensitivity to light, or sensitivity to sound) at 2 hours following administration of Reyvow in comparison to placebo. The Reyvow Phase 3 development program, including the open-label GLADIATOR study, involved more than 4,000 patients and the treatment of more than 20,000 migraine attacks. The efficacy of Reyvow in the acute treatment of migraine was demonstrated in two randomized, double-blind, placebo-controlled trials (Study 1 [SAMURAI] and Study 2 [SPARTAN]). These studies enrolled patients with a history of migraine with and without aura according to the International Classification of Headache Disorders (ICHD-II) diagnostic criteria. Patients were predominantly female (84%) and white (78%), with a mean age of 42 years (range 18–81). Twenty-two percent of patients were taking preventive medication for migraine at baseline. Study 1 randomized patients to Reyvow 100 mg (n=744), 200 mg (n=745), or placebo (n=742), and Study 2 randomized patients to Reyvow 50 mg (n=750), 100 mg (n=754), or 200 mg (n=750) or placebo (n=751). Patients were allowed to take a rescue medication 2 hours after taking study drug; however, opioids, barbiturates, triptans, and ergots were not allowed within 24 hours of study drug administration. The primary efficacy analyses were conducted in patients who treated a migraine with moderate-to-severe pain within 4 hours ofthe onset of the attack. The efficacy of Reyvow was established by an effect on pain freedom at 2 hours and most bothersome symptom (MBS) freedom at 2 hours compared to placebo for Studies 1 and 2. Pain freedom was defined as a reduction of moderate or severe headache pain to no pain, and MBS freedom was defined as the absence of the self-identified MBS (photophobia, phonophobia, or nausea). The most commonly selected MBS was photophobia (54%), followed by nausea (24%) and phonophobia (22%). In both studies, the percentage of patients achieving pain freedom and MBS freedom 2 hours after treatment was significantly greater among patients receiving Reyvow at all doses compared to those receiving placebo.

Migraine Efficacy Endpoints After Treatment for Studies 1 (SAMURAI) and 2 (SPARTAN)

	Study 1			Study 2			
	REYVOW 100 mg	REYVOW 200 mg	Placebo	REYVOW 50 mg	REYVOW 100 mg	REYVOW 200 mg	Placebo
Pain Free at 2 hours							
N	498	503	515	544	523	521	534
% Responders	28.3	31.8	15.3	28.3	31.4	38.8	21.0
Difference from placebo (%)	13	16.5		7.3	10.4	17.8	
p-value	<0.001	<0.001		0.006	<0.001	<0.001	
MBS Free at 2 hours							
N	464	467	480	502	491	478	509
% Responders	41.2	40.7	29.6	40.8	44.0	48.7	33.2
Difference from placebo (%)	11.6	11.1		7.6	10.8	15.5	
p-value	<0.001	<0.001		0.014	<0.001	<0.001	

	Study 1			Study 2			
	REYVOW 100 mg	REYVOW 200 mg	Placebo	REYVOW 50 mg	REYVOW 100 mg	REYVOW 200 mg	Placebo
Pain Relief at 2 hours[a]							
N	498	503	515	544	523	521	534
% Responders	54.0	55.3	40.0	55.9	61.4	61.0	45.1
Difference from placebo (%)	14.0	15.3		10.8	16.3	15.9	

[a] The analysis of pain relief was descriptive and was not controlled for Type I error.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Reyvow (lasmiditan) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Reyvow (lasmiditan) include: No labeled contraindications.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Reyvow TABS 50MG, 100MG; boxes of 8 tabs

REFERENCES

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5. Wietecha, et al. Phase 3 Studies (SAMURAI, SPARTAN) of Lasmitidan Compared to Placebo for Acute Treatment of Migraine. Neurology. 2018;90 (15 Supplement) S50.008.
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8. Tepper S, et al. Characterization of Dizziness After Lasmiditan Usage: Findings From the SAMURAI and SPARTAN Acute Migraine Treatment Randomized Trials. Headache. 2019;59(7):1052-1062.
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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION-Notable revisions: Required Medical Information FDA-Approved Uses	Q2 2024
REVISION-Notable revisions: Required Medical Information Continuation of Therapy Quantity Drug Class Contraindications/Exclusions/Discontinuation References	Q2 2023
REVISION-Notable revisions: Prescriber Requirements	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file